

A question of balance

Attacked as both too close to government and too liberal, the government's expert advisory committee on drugs is under scrutiny. **Harry Shapiro** on the ACMD past, present and future.

It's 1968 and the summer of love is well and truly over. Before the year end, Martin Luther King and Bobby Kennedy would be dead, American cities would be on fire, the Democratic Convention would end in a bloodbath, students would be demonstrating across Europe and in London – and drug use entrenched as the new scourge of the Western world with law reformers banging on the gates.

Then in the midst of what the authorities thought was imminent Armageddon, the UK government's drug advisors, led by a very distinguished criminologist, Barbara Wooton, had the audacity to suggest that the draconian response to cannabis should be toned down. Never mind that three years later, their proposals would be quietly incorporated into the new Misuse of Drugs Act – the press and the politicians had a field day. The then Prime Minister James Callaghan accused the committee of having been 'nobbled by the pot lobby' while the *Daily Express* slammed what became known as The Wooton Report as a 'pot smokers charter'.

Flash forward to 2006. The committee name has changed, the personalities changed many times over, but if she was still alive Baroness Wooton would recognise the current climate surrounding the Advisory Council on the Misuse of Drugs (ACMD). Taking its cue from the 2000 Police Foundation review chaired by Dame Ruth Runciman, the ACMD recommended in 2002 that cannabis be reclassified from B to C – which it was in 2004 – and re-confirmed that view this year.

RETURN OF THE FLAK

The Daily Mail in particular but not exclusively, ran story after story about 'My Cannabis Hell', slated the ACMD in comment pieces and even rang the members to see if they had ever smoked cannabis. In addition, ACMD leading lights Professor Sir Michael Rawlins and Professor David Nutt faced extremely hostile questioning from the House of Commons Science and Technology Committee during an inquiry into the evidence base for government drugs policy. The ACMD were variously accused of being packed with liberals and of not having 'a blind bit of evidence' on which to base their recommendations to government. But in the intervening decades between the flak, the ACMD revolutionised British drug policy. Yet it was a long time coming.

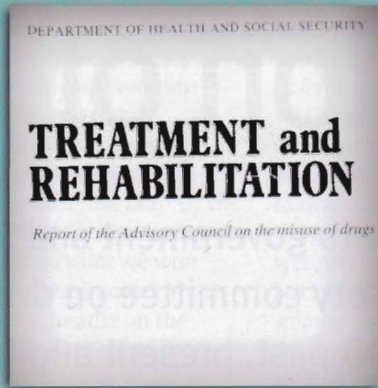
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The ACMD was enshrined in the Misuse of Drugs Act which was worded very carefully. It was charged with keeping the UK drug situation under review "with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them to be capable of having harmful effects sufficient to constitute a social problem". And in the advice they gave to ministers, they were specifically not restricted to recommending alterations in the law. This was crucial to the later work of the ACMD, but they got off to a slow start. In fact, it would appear that at least in part, the creation of the ACMD was simply a piece of cynical political expediency. By 1973, much of the early hoo-ha about drugs had settled down and the rate of those presenting to treatment was only rising relatively slowly.

Jasper Woodcock, former Director of ISDD, one of the two charities which formed DrugScope, remembers: "At the time Peter Beedle was the senior Home Office official in charge of drugs and he told me that the ACMD was 'a waste paper basket to deal with awkward questions about drugs that the government hadn't thought of - they can be safely entrusted to do nothing.'" And so it seemed.

LAME

The first chair was Sir Robert Bradley, a dentist who knew nothing about drugs and the group was peopled by a broad spectrum of scientists, social scientists, doctors and a smattering of other public sector practitioners. In 1977, ecstasy was added to the Misuse of Drugs Act nearly a decade before the drug gained any ground in the UK. Nobody who was on the ACMD at the time remembers any discussion about this whatsoever, even though the government was, and remains, obliged to consult the ACMD about changes to the law. It may have been that, as MDMA was linked to drugs already controlled, the government felt no need to consult – except that MDMA is chemically much closer to amphetamines (Class B) than hallucinogens (Class A). The ACMD's inactivity in the 1970s over the inappropriate prescribing of an opiate drug, Diconal, drove Bing Spear, Head of the Home Office Drugs Branch to distraction. In his account of British heroin policy, Spear blasted the "abysmal failure" of the ACMD, "despite being kept fully aware of the seriousness of the situation". ❖ 10



Apart from a couple of half-hearted reports on cannabis whose recommendations were rejected by government, the ACMD had little to show for the first nine years of its life. Writing about its 1982 report on the effects of cannabis, Jasper Woodcock wrote in *The British Journal of Addiction*: "A committee has been defined as a group of people who individually can do nothing and meet together to decide that nothing can be done. On the evidence of this report, an expert group is one of people who personally know (or at least have read) a lot and put their heads together to conclude that nothing is known."

On the ACMD from its inception until 1998, Professor Griffith Edwards was one of its longest serving members and he now conceptualises the ACMD "as like a parish meeting where you have the GP, the pharmacist, the probation officer, the teacher etc – a valuable sounding board, but not a good decision-making body". And it is true that the full ACMD meets only twice a year around a very large table. But this is not where the real work is done. The ACMD has a technical committee, which as its name suggests deals with some of the technical minutiae such as the control of precursor chemicals used in the manufacture of illicit drugs. But there are also the working groups which include both ACMD members and other experts co-opted onto the ACMD who might also prepare reviews of evidence.

MAGNUM OPUS

It was such a working group which produced the landmark *Treatment and Rehabilitation* report in 1982. By then, the UK was experiencing a substantial increase in the numbers of people using heroin and drug issues were moving rapidly up the political

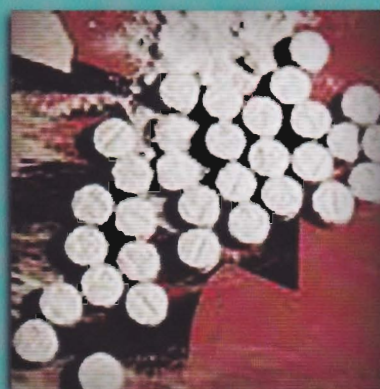
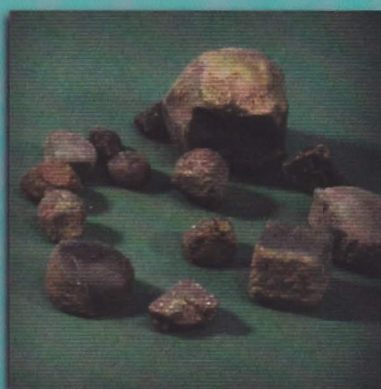
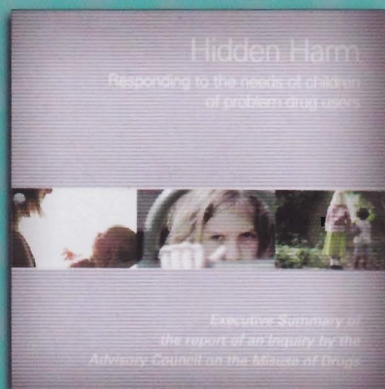
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agenda. It did take seven years for the final report to emerge, something which Griffith Edwards says he found immensely frustrating. But later chair Professor David Grahame-Smith says: "It really did need that length of time to affect the cultural change, not just outside the ACMD, but among some of the members. We needed to change our ideas about drug treatment and take a more humane view".

The report set the whole framework for the future of drug treatment services. Then the ACMD really got going. From 1984-1998, it produced ten reports, each one a model of careful consideration and eloquent drafting. Among the most important were the two *Aids and Drugs* reports, chaired by Ruth Runciman, acknowledged by many as a worthy successor to Baroness Wooton. They established the need for harm reduction strategies and played a critical role in the success of the UK in mitigating the worst effects of drug-related HIV infection.

There were three very important reports around drugs and crime which helped win over the criminal justice system to the idea of harm reduction as a more realistic goal for drug-using offenders. They set out the parameters for much of the multi-agency working which goes on today. And in 1998 came *Drugs and the Environment*, which recognised for the first time in a government report that drug problems do not occur in a bubble of individual pathology but are inextricably linked to the world in which we live and that prevention strategies must recognise this. Remarkably, every bit of this crucial body of work was self-generated by the ACMD, none of it came from ministerial requests.

And if Peter Beedle was right in 1973, times had changed by the 1980s. Far from being put on the spot



by this outpouring of recommendations by the ACMD, according to ex-Home Office official Neville Nagler, the Conservative government were very enthusiastic about its work. "Especially David Mellor at the Home Office and Edwina Currie at the Department of Health who were, if anything, impatient that the ACMD didn't work more quickly." However, Griffith Edwards is convinced that if she could have, Margaret Thatcher would have abolished the ACMD during her drive against quangos and similar bodies. Apparently, the *Aids and Drugs* reports went right up to Cabinet level, with the PM deeply unhappy about the recommendations.

Since 1998, the ACMD has been less prolific – the main outputs being reports dealing with drug-related deaths and *Hidden Harm*, looking at the impact on children of having drug-using parents. It could be argued that nowadays there is less to debate, that many of the most critical boxes have been ticked. Since 2000, there have been reports from the Home Affairs Select Committee, the Police Foundation and key research from the Joseph Rowntree Foundation. MPs on the Scientific and Technology Committee are still deliberating, Tory MP Iain Duncan-Smith is looking at drug issues as part of a review of Conservative social policy, while the Royal Society of Arts has an ongoing illegal drugs commission. And in the run-up to the end of the current drug strategy, no doubt other reports will emerge.

There is also an impression (and it may be no more than that) that the ACMD is being sidelined. The decision to make the raw psilocybin mushroom a Class A drug was pushed through in the Drugs Act 2005 – although the matter was not formally discussed by ACMD. And when the then-Home

Secretary Charles Clarke announced the decision that cannabis would remain a Class C drug, albeit reluctantly and with rumours of ACMD resignations in the air, he also announced a review of the Misuse of Drugs Act – not to be undertaken by the ACMD, but thrown open to wider consultation. Then again, bearing in mind that the ACMD is written into the Act, any review of the Act may include a review of the ACMD.

INDEPENDENT

So is the ACMD still relevant? The answer has to be a resounding yes. In line with the zeitgeist on transparency and accountability, and the government's guidelines for Scientific Advisory Committees [2001], the ACMD should become more open about how decisions are taken, making all the papers available and so on. But regarding the validity of its advice, this is not an exact science, something which blind adherence to the 'evidence-base' mantra ignores. Going back to the wording of the Act, the ACMD is not charged simply with reviewing narrow legal classifications in the light of hard scientific 'facts', themselves open to wide interpretation, but across the realm of 'social problems' where the evidence-base may help inform a decision.

But ultimately it will be a judgement. And given that drugs is *still* such an emotionally-charged subject riven with ignorance and prejudice, government has to make political decisions based on a balanced appraisal of the evidence from an independent body immune to political pressures. And this, so far, has been the supreme achievement of the ACMD. •